

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 335 / 712

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Premiere Radio Networks		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 15260 Venture Blvd Suite 500		Amount 10181.43	
City State Zip Code Sherman Oaks CA 91403		Transaction ID: EF989CB6245814D6CBB5	
Purpose of Expenditure S2MO00353 Ad		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: JAMES MATTHES TALENT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 180826.09		2006	
Full Name (Last, First, Middle, Initial) of Payee Federal Express		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address P.O. Box 371461		Amount 35.87	
City State Zip Code Pittsburgh PA 15250-7461		Transaction ID: EAA4FC427011F4BD1B52	
Purpose of Expenditure S2OH00113 Shipping		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: RICHARD MICHAEL DEWINE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 182379.92		2006	
(a) SUBTOTAL of Itemized Independent Expenditures		10217.30	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	